



CONTRACTOR:

RESIDENTIAL PLANS REVIEW DELIVERY FORM

BUILDING INSPECTION; PO BOX 40, ROOM 118; 9901 LORI ROAD,; CHESTERFIELD VA 23832

Office: 804-748-1057; Fax: 804-751-4713; www.chesterfield.gov/bi

Voice Permits: 804-751-4444; Inspection Scheduling: 804-751-4990

PERMIT NUMBER:		JOB LOCATION/ADDRESS:											
MASTER PLAN NUMBER, IF APPLICABLE:	SUBDIVISION, IF APPLICABLE:	SECTION, IF APPLICABLE:	LOT, IF APPLICABLE:										
INSTRUCTIONS: <ol style="list-style-type: none">1. Submit this completed form with the plans.2. After the plans are approved or rejected, we will contact you (by phone or e-mail) that the plans are ready for "pickup."3. We will hold the plans at our office for three business days. The following business day, we will automatically mail your plans to you, to minimize delays.4. If plans have been rejected, revised and/or corrected, they are to be resubmitted to Building Inspection for re-review and approval.5. Assistance from a plan reviewer will be available daily on a first-come/first-serve basis, between the hours of 8:30 am and 5:00 pm.		HOW DO YOU WANT US TO CONTACT YOU? <table border="1"><tr><td>CHECKBOX <input type="checkbox"/></td><td>MAIL THESE PLANS TO ME AS SOON AS THE PERMIT IS ISSUED.</td></tr><tr><td>CHECKBOX <input type="checkbox"/></td><td>CONTACT THE FOLLOWING PICK-UP PERSON, AND HOLD THESE PLANS FOR THREE BUSINESS DAYS.</td></tr><tr><td colspan="2">Primary Contact's Name:</td></tr><tr><td colspan="2">Contact's Telephone Number/Voice Mail:</td></tr><tr><td colspan="2">Contact's E-Mail, if preferred method:</td></tr></table>		CHECKBOX <input type="checkbox"/>	MAIL THESE PLANS TO ME AS SOON AS THE PERMIT IS ISSUED.	CHECKBOX <input type="checkbox"/>	CONTACT THE FOLLOWING PICK-UP PERSON, AND HOLD THESE PLANS FOR THREE BUSINESS DAYS.	Primary Contact's Name:		Contact's Telephone Number/Voice Mail:		Contact's E-Mail, if preferred method:	
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BUILDING INSPECTION DEPARTMENTAL USE ONLY:

8/4/2003 2:12:00 PM

NATURE OF WORK	
	New Construction
	Addition
	Renovation/Repairs
	Mobile Home
	Pool/Barrier
	Conversion

NATURE OF REVIEW	
	Original Submission
	Amended
	Structural Revision Only
	Corrected
	Restamped

PLANS PICK-UP CONTACT RECORD		
Date Called	Pick-Up Date	Picked Up By: